| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF ARIZONA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|---|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Norma First name | - | First name |
| | license or passport). | Middle name | _ | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Patricio-Santos Last name and Suffix (Sr., Jr., II, III) | - | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | , | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7009 | | |

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 4427 W. Virginia Avenue | If Debtor 2 lives at a different address: |
| | | Phoenix, AZ 85035 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Maricopa | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Has your landlord obtained an eviction judgment against you?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

Go to line 12.

No. Go to line 12.

this bankruptcy petition.

No.

☐ Yes.

11. Do you rent your

residence?

Number, Street, City, State & Zip Code

If immediate attention is

Where is the property?

needed, why is it needed?

property that needs

immediate attention?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 2:19-bk-16216-EPB Doc 1 Filed 12/31/19 Entered 12/31/19 10:46:20 Desc Voluntary Petition for Individuals Filing for Bankruptcy Main Document Page 5 of 59

Executed on December 31, 2019

MM / DD / YYYY

Executed on

MM / DD / YYYY

Bar number & State

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Sandra C. Oswalt/Eric R. Thieroff | Date | December 31, 2019 |
|---|---------------|---------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Sandra C. Oswalt/Eric R. Thieroff 027283/02 | 22061 | |
| Printed name | | |
| Oswalt Law Group, PC | | |
| Firm name | | |
| 300 W. Clarendon Avenue | | |
| Suite 290 | | |
| Phoenix, AZ 85013 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 602-225-2222 | Email address | sandra@oswaltlawgroup.com |
| 027283/022061 AZ | | |

Certificate Number: 15725-AZ-CC-033586026



CERTIFICATE OF COUNSELING

I CERTIFY that on October 21, 2019, at 11:27 o'clock PM EDT, Norma Patricio-Santos received from 001 Debtorce, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the District of Arizona, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

| Date: | October 21, 2019 | By: | /s/Michael Fermin |
|-------|------------------|--------|-------------------|
| | | | |
| | | Name: | Michael Fermin |
| | | TC: 41 | T |

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

| | | | | | 12/31/19 10:45AN |
|----------|--|---|---|---------------|------------------|
| Fill in | this information to identify your case | se: | | | |
| Debto | | | | | |
| Debto | First Name | Middle Name | Last Name | | |
| | if, filing) First Name | Middle Name | Last Name | | |
| Unite | States Bankruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| Case | number | | | | |
| (if know | | | | _ | c if this is an |
| | | | | amen | ded filing |
| ~ | = | | | | |
| | cial Form 106Sum | | | | |
| | | | d Certain Statistical Information | | 12/15 |
| | | | are filing together, both are equally responsible information on this form. If you are filing amer | | |
| your c | riginal forms, you must fill out a new | N Summary and check | the box at the top of this page. | | |
| Part 1 | Summarize Your Assets | | | | |
| | | | | Your a | ssets |
| | | | | Value o | of what you own |
| 1. | Schedule A/B: Property (Official Form a. Copy line 55, Total real estate, from | า 106A/B) า Schedule A/B | | \$ | 214,047.00 |
| | b. Copy line 62, Total personal proper | ty, from Schedule A/B | | \$ | 37,116.25 |
| | c. Copy line 63, Total of all property or | n Schedule A/B | | \$ | 251,163.25 |
| Part 2 | Summarize Your Liabilities | | | | |
| | | | | Your li | abilities |
| | | | | | t you owe |
| | Schedule D: Creditors Who Have Clain a. Copy the total you listed in Column | | Official Form 106D) e bottom of the last page of Part 1 of Schedule D | . \$ | 138,868.00 |
| 3. | Schedule E/F: Creditors Who Have Un | secured Claims (Official | Form 106E/F) | _ | 4.540.44 |
| ; | a. Copy the total claims from Part 1 (| priority unsecured claims |) from line 6e of Schedule E/F | \$ | 4,548.11 |
| ; | b. Copy the total claims from Part 2 (| nonpriority unsecured cla | ims) from line 6j of Schedule E/F | \$ | 73,108.63 |
| | | | Your total liabilitie | \$ | 216,524.74 |
| | | | , our total nazimio | | 210,324.74 |
| Part 3 | Summarize Your Income and Ex | kpenses | | | |
| | | | | | |
| 4. | Schedule I: Your Income (Official Form Copy your combined monthly income for the firm of the combined monthly income for the c | 1061) rom line 12 of <i>Schedule I</i> | | \$ | 4,584.57 |
| | Schedule J: Your Expenses (Official Fo | | | | |
| (| Copy your monthly expenses from line | 22c of Schedule J | | \$ | 4,942.67 |
| Part 4 | Answer These Questions for Ac | Iministrative and Statis | tical Records | | |
| 6. | Are you filing for bankruptcy under | • | | | |
| | ☐ No. You have nothing to report on ☐ No. You have no report of ☐ No. You | this part of the form. Che | eck this box and submit this form to the court with y | our other scl | nedules. |
| | Yes | | | | |
| 7. | Vhat kind of debt do you have? | | | | |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

4,946.01

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total clai | im |
|--|------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 4,548.11 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 4,548.11 |

| Fill in this info | ormation to identify you | ur case and th | is filing | j: | | | | | | |
|---|---|---------------------|----------------|---|---|--------------------|------------------------------------|--|--|--|
| Debtor 1 | Norma Patricio | | | | | | | _ | | |
| Debtor 2 | First Name | Middle | Name | | Last Name | | | | | |
| Spouse, if filing) | First Name | Middle | Name | | Last Name | | | - | | |
| Jnited States I | Bankruptcy Court for the | : DISTRICT (| OF ARIZ | ZONA | | | | | | |
| Case number | | | | | | | | _ | | П о |
| | | | | | | | | | | ☐ Check if this amended fili |
| Official F | orm 106A/B | | | | | | | | | |
| _ | ıle A/B: Pro | perty | | | | | | | | 12/15 |
| nformation. If m Inswer every qu | Be as complete and accurate space is needed, atta- uestion. be Each Residence, Buildi | ch a separate sh | neet to th | nis form. On | the top of any a | dditional pag | | | | |
| Do you own o | or have any legal or equita | ıble interest in ar | ny reside | ence, buildin | ng, land, or simi | lar property? | | | | |
| | | | | | | | | | | |
| ☐ No. Go to F | Part 2. | | | | | | | | | |
| | Part 2. | | | | | | | | | |
| Yes. When | | ion | What ■ □ | Single-famil | erty? Check all that ly home nulti-unit building um or cooperative | | the a | mount of a | ny secured | ims or exemptions. I claims on Schedule s Secured by Prope |
| Yes. When | re is the property? Virginia Avenue ss, if available, or other descripti | ion 5035-0000 | | Single-famil Duplex or m Condominiu | ly home nulti-unit building | • | the a | mount of a itors Who ent value | any secured Have Claim of the | claims on Schedule as Secured by Prope Current value of |
| Yes. When | re is the property? Virginia Avenue ss, if available, or other descripti | | | Single-famil Duplex or m Condominiu Manufacture | ly home nulti-unit building um or cooperative ed or mobile hon | • | the a | mount of a itors Who | nny secured Have Claim of the 1? | claims on Schedule as Secured by Prope |
| Yes. When | Virginia Avenue ss, if available, or other descripti | 5035-0000 | | Single-famili Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an interes | ly home nulti-unit building um or cooperative ed or mobile hon property est in the prope | e ne | Curre entire Desc (sucl | ent value e e property \$214,0 cribe the n as fee si estate), if | of the (?) 147.00 140.00 15 | claims on Schedules Secured by Properties Current value of portion you own? |
| Yes. When | Virginia Avenue ss, if available, or other descripti | 5035-0000 | | Single-famil Duplex or m Condominiu Manufacture Land Investment Timeshare Otherhas an intere Debtor 1 on | ly home nulti-unit building um or cooperative ed or mobile hon property est in the prope | e ne | Curre entire Desc (sucl | ent value of a sproperty \$214,0 cribe the normal ras fee si | of the (?) 147.00 140.00 15 | Current value of portion you own: \$214,04 |
| Yes. When 1.1 4427 W. Street addres Phoenix City | Virginia Avenue ss, if available, or other descripti | 5035-0000 | | Single-famili Duplex or m Condominiu Manufacture Land Investment Timeshare Other has an intere Debtor 1 on Debtor 2 on Debtor 1 an At least one r information | ly home nulti-unit building um or cooperative ed or mobile hon property est in the prope | ne rty? Check one | Currentire Desco (sucl a life Fee | ent value of a series the n as fee si estate), if simple. | of the (?) Ature of your mple, tenafic known. | Current value of portion you own: \$214,04 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 N | orma Patricio-Santos | | Case number (if known) | |
|---------------------|---|--|---------------------------------------|--|
| 3. Cars, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| □No | | | | |
| Yes | | | | |
| 3.1 Make: Model: | Toyota Corolla L Sedan 4D | Who has an interest in the property? Check one Debtor 1 only | the amount of any secu | claims or exemptions. Put tred claims on Schedule D: laims Secured by Property. |
| | 2014 nate mileage: with 52,000 ormation: | □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | Current value of the entire property? | Current value of the portion you own? |
| | on: 4427 W. Virginia e, Phoenix AZ 85035. | ☐ Check if this is community property (see instructions) | \$9,295.00 | \$9,295.00 |
| | Nissan Murano Platinum Sport Utility 4D 2016 nate mileage: with 47,000 ormation: | Who has an interest in the property? Check one ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | the amount of any secu | claims or exemptions. Put ired claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | on: 4427 W. Virginia e, Phoenix AZ 85035. | ☐ Check if this is community property (see instructions) | \$21,199.00 | \$21,199.00 |
| | | n for all of your entries from Part 2, includi | | \$30,494.00 |
| Part 3: Describ | be Your Personal and Household Ite | ems | | |
| | | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | 1 Kitchen table, 2 Living room c 2 Beds \$250.00 1 Bed dresser \$ 2 Televisions \$4 | 4 chairs \$230.00 ouches \$300.00 50.00 | | |
| | 1 DVD player \$3 1 Stove \$200.00 1 Refrigerator \$ 1 Washing macl 1 Clothes dryer 1 Vacuum \$45.0 1 Microwave \$2 1 Printer \$150.0 2 Bookcases \$6 Misc. hand tools | 350.00 nine \$250.00 \$250.00 0 5.00 0 | | \$2,645.00 |

Official Form 106A/B

Schedule A/B: Property

page 2

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,270.00

Part 4: Describe Your Financial Assets

Official Form 106A/B

Schedule A/B: Property

page 3

Debtor 1 Norma Patricio-Santos Case number (if known) Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Bank of America checking account #7207, negative balance as of filing date. \$0.00 17.1. Wells Fargo Bank checking account #7430, balance as of filing date. Joint account holder: Gerardo Sanchez, \$196.29 17.2. non-filing spouse. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Classic Hotels & Resorts 401(k) retirement \$3,155.96 savings plan. 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Official Form 106A/B Schedule A/B: Property page 4

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Best Case Bankruptcy

| De | ebtor 1 | Norma Patricio-Santos | Case number (if known) | |
|------|-----------------|---|--|--|
| | ☐ Yes | Institution name and description. Separately file the records | s of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts, ■ No | equitable or future interests in property (other than anything listed i | n line 1), and rights or powers exercis | able for your benefit |
| | | Give specific information about them | | |
| 26. | Examp | s, copyrights, trademarks, trade secrets, and other intellectual proper les: Internet domain names, websites, proceeds from royalties and licensi | | |
| | ■ No □ Yes. | Give specific information about them | | |
| 27. | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, cooperative association holdings | s, liquor licenses, professional licenses | |
| | ■ No □ Yes. | Give specific information about them | | |
| | | | | 0 |
| IVIC | oney or | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax ref ■ No | unds owed to you | | |
| | | Give specific information about them, including whether you already filed t | the returns and the tax years | |
| | | | | |
| 29. | Examp | support les: Past due or lump sum alimony, spousal support, child support, mainte | enance, divorce settlement, property sett | lement |
| | ■ No □ Yes. | Give specific information | | |
| | | | | |
| 30. | Examp | Imounts someone owes you Iles: Unpaid wages, disability insurance payments, disability benefits, sick benefits; unpaid loans you made to someone else | pay, vacation pay, workers' compensati | on, Social Security |
| | ■ No □ Yes | Give specific information | | |
| | | | | |
| 31. | | ts in insurance policies les: Health, disability, or life insurance; health savings account (HSA); cre | dit, homeowner's, or renter's insurance | |
| | | Name the insurance company of each policy and list its value. | | |
| | | Company name: | Beneficiary: | Surrender or refund value: |
| | If you a | erest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance pure has died. | policy, or are currently entitled to receive | property because |
| | | Give specific information | | |
| 33. | | against third parties, whether or not you have filed a lawsuit or mad- les: Accidents, employment disputes, insurance claims, or rights to sue | e a demand for payment | |
| | ■ No | | | |
| | ☐ Yes. | Describe each claim | | |
| | Other o | contingent and unliquidated claims of every nature, including counte | rclaims of the debtor and rights to set | off claims |
| | | Describe each claim | | |
| 35. | _ ` | ancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |

Official Form 106A/B Schedule A/B: Property page 5

| | | | • | 12/31/19 10:45Al |
|----------------|--|------------------------------|------------------------------|------------------|
| Debte | Norma Patricio-Santos | | Case number (if known) | |
| | Add the dollar value of all of your entries from Part 4, includitor Part 4. Write that number here | | | \$3,352.25 |
| Part 5 | Describe Any Business-Related Property You Own or Have an Inte | erest In. List any real esta | ate in Part 1. | |
| 37. D o | you own or have any legal or equitable interest in any business-rela | ated property? | | |
| | No. Go to Part 6. | | | |
| | es. Go to line 38. | | | |
| Part 6 | Describe Any Farm- and Commercial Fishing-Related Property Yol If you own or have an interest in farmland, list it in Part 1. | ou Own or Have an Interes | st In. | |
| 46. D | o you own or have any legal or equitable interest in any farm | n- or commercial fishin | g-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| | Describe All Property You Own or Have an Interest in That You you have other property of any kind you did not already list examples: Season tickets, country club membership | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write t | hat number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$214,047.00 |
| 56. | Part 2: Total vehicles, line 5 | \$30,494.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$3,270.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$3,352.25 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$37,116.25 | Copy personal property total | \$37,116.25 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$251,163.25 |

| Fill in this infor | mation to identify your | case: | | |
|------------------------|--------------------------|---------------------|-----------|-----------------------|
| Debtor 1 | Norma Patricio-S | antos | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | DISTRICT OF ARIZONA | | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E | xempt | | | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | ■ You are claiming state and federal nonban | cruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exc | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | Single family residence located at 4427 W. Virginia Avenue Phoenix, AZ | \$214,047.00 | | \$150,000.00 | Ariz. Rev. Stat. § 33-1101(A) |
| | 85035. Value obtained from www.zillow.com. Lienholder: Quicken Loans, Inc. Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2014 Toyota Corolla L Sedan 4D with | \$9,295.00 | | \$6,000.00 | Ariz. Rev. Stat. § 33-1125(8) |
| | 52,000 miles in fair condition. Value obtained from www.kbb.com. Debtor owns free and clear. Location: 4427 W. Virginia Avenue, Phoenix AZ 85035. Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2014 Toyota Corolla L Sedan 4D with | \$9,295.00 | | \$6,000.00 | Ariz. Rev. Stat. § 33-1125(8) |
| | 52,000 miles in fair condition. Value obtained from www.kbb.com. Debtor owns free and clear. Location: 4427 W. Virginia Avenue, Phoenix AZ 85035. Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| Debtor 1 Norma Patricio-Santos | | Case number (if known) | |
|---|--------------------------------------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| 1 Kitchen table, 4 chairs \$230.00 2 Living room couches \$300.00 | \$2,645.00 | \$6,000.00 | Ariz. Rev. Stat. § 33-1123 |
| 2 Beds \$250.00 1 Bed dresser \$50.00 2 Televisions \$400.00 1 DVD player \$35.00 1 Stove \$200.00 1 Refrigerator \$350.00 1 Washing machine \$250.00 1 Clothes dryer \$250.00 1 Vacuum \$45.00 Line from Schedule A/B: 6.1 | | □ 100% of fair market value, up to any applicable statutory limit | |
| Misc. women's clothing \$500.00 Location: 4427 W. Virginia Avenue, | \$500.00 | \$500.00 | Ariz. Rev. Stat. § 33-1125(1) |
| Phoenix AZ 85035. Line from Schedule A/B: 11.1 | | 100% of fair market value, up to any applicable statutory limit | |
| 1 Silver wedding ring Location: 4427 W. Virginia Avenue, | \$25.00 | \$2,000.00 | Ariz. Rev. Stat. § 33-1125(4) |
| Phoenix AZ 85035. | | □ 100% of fair market value, up to | |
| Line from Schedule A/B: 12.1 | | any applicable statutory limit | |
| 5 Dogs Location: 4427 W. Virginia Avenue, | Unknown | 100% | Ariz. Rev. Stat. § 33-1125(11) |
| Phoenix AZ 85035. Line from Schedule A/B: 13.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Misc. books \$100.00 Location: 4427 W. Virginia Avenue, | \$100.00 | \$250.00 | Ariz. Rev. Stat. § 33-1125(5) |
| Phoenix AZ 85035. Line from Schedule A/B: 14.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Wells Fargo Bank checking account #7430, balance as of filing date. | \$196.29 | \$300.00 | Ariz. Rev. Stat. § 33-1126(A)(9) |
| Joint account holder: Gerardo Sanchez, non-filing spouse. Line from Schedule A/B: 17.2 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Classic Hotels & Resorts 401(k) retirement savings plan. | \$3,155.96 | ■ 100% | Ariz. Rev. Stat. § 33-1126(B) |
| Line from Schedule A/B: 21.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| 3. Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 ■ No ■ Yes. Did you acquire the property covere ■ No ■ Yes | 3 years after that for ca | | , |

| | | | | | 12/31/19 10:45 |
|---------------------------------|---------------------------|---|--|--|-----------------------------|
| Fill in this inform | nation to identify you | r case: | | | |
| Debtor 1 | Norma Patricio-S | Santos | | | |
| | First Name | Middle Name Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Name | | | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| | , , | | | | |
| Case number | | | | | if this is an ded filing |
| | | | | | |
| Official Form | <u>106D</u> | | | | |
| Schedule | D: Creditors | Who Have Claims Secure | d by Propert | у | 12/15 |
| | | f two married people are filing together, both are e ut, number the entries, and attach it to this form. | | | |
| 1. Do any creditors | have claims secured by | your property? | | | |
| ☐ No. Check | this box and submit th | is form to the court with your other schedules. | You have nothing else t | o report on this form. | |
| Yes, Fill in | all of the information b | pelow. | | | |
| Part 1: List Al | I Secured Claims | | | | |
| | | nore than one secured claim, list the creditor separate | Column A | Column B | Column C |
| for each claim. If me | ore than one creditor has | a particular claim, list the other creditors in Part 2. As all order according to the creditor's name. | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Quicken L | oans, Inc. | Describe the property that secures the claim: | \$110,849.00 | \$214,047.00 | \$0.00 |
| Creditor's Name | | Single family residence located at 4427 W. Virginia Avenue Phoenix, AZ 85035. | | | |
| 1050 Woo Detroit, M | dward Avenue | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| | City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the de | bt? Check one | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | arr chook one. | ☐ An agreement you made (such as mortgage or s | ecured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| _ | ne debtors and another | ☐ Judgment lien from a lawsuit | | | |
| Check if this cla | | Other (including a right to offset) Deed of T | rust (First). | | |

Date debt was incurred 5/12/2017

Last 4 digits of account number

5837

| Debtor 1 Norma Patricio-Santos | | Case number (if known) | | |
|---|---|------------------------|-------------|------------|
| First Name Middle N | lame Last Name | | | |
| Vantage West Credit Union | Describe the property that secures the claim: | \$28,019.00 | \$21,199.00 | \$6,820.00 |
| Creditor's Name Corporate Office 2480 N. Arcadia Avenue Tucson, AZ 85712 | 2016 Nissan Murano Platinum Sport Utility 4D with 47,000 miles in good condition. As of the date you file, the claim is: Check all that apply. ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or scar loan) | secured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | n. | | |
| Date debt was incurred 5/2016 | Last 4 digits of account number 010 | <u> </u> | | |
| | | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number here: | \$138,868.0 | 00 | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$138,868.0 | 00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Debtor 1 Norma Patricio-Santos First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name Last Name | | |
|---|--|-----------------------------------|
| First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | 7 | |
| First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | | |
| (Spouse if, filing) First Name Middle Name Last Name | | |
| | | |
| United States Penkruptey Court for the DISTRICT OF ARIZONA | | |
| United States Bankruptcy Court for the: DISTRICT OF ARIZONA | | |
| Case number | | |
| (if known) | ☐ Chec | k if this is an |
| | amen | ded filing |
| Official Forms 400F/F | | |
| Official Form 106E/F | | 40/45 |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NC | NIDDIODITY . I | 12/15 |
| any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims | y secured claims that t, number the entries | are listed in in the boxes on the |
| Do any creditors have priority unsecured claims against you? | | |
| ☐ No. Go to Part 2. | | |
| ■ Yes. | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separal identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. | y and nonpriority amou | nts. As much as |
| (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) | Dalante | Name de elle |
| Total claim | Priority amount | Nonpriority amount |
| 2.1 Internal Revenue Service Last 4 digits of account number \$4,548.1 | 1 \$4,548.1° | 1 \$0.00 |
| Priority Creditor's Name Central Insolvency Operations When was the debt incurred? P.O. Box 7346 Philadelphia PA 10104 | | |
| Philadelphia, PA 19101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only □ Unliquidated | | |
| ☐ Debtor 2 only ☐ Disputed | | |
| ☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: | | |
| ☐ At least one of the debtors and another ☐ Domestic support obligations | | |
| ☐ Check if this claim is for a community debt ■ Taxes and certain other debts you owe the government | | |
| Is the claim subject to offset? | | |
| ■ No □ Other. Specify | | |
| ☐ Yes Federal Income Tax. | | _ |
| | | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims | | |
| 3. Do any creditors have nonpriority unsecured claims against you? | | |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | | |
| | | |
| ■ Yes. | | |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a cred unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured Part 2. | claims already include | d in Part 1. If more |
| | т. | tal claim |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 1 of 9

| Debt | Norma Patricio-Santos | Case number (if known) | |
|------|---|---|------------|
| 4.1 | Amex/DSNB | Last 4 digits of account number | \$575.00 |
| | Nonpriority Creditor's Name 9111 Duke Blvd. Mason, OH 45040 | When was the debt incurred? 9/2013 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Charged-off Credit Card. | |
| 4.2 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | \$4,261.00 |
| | P.O. Box 15284 Wilmington, DE 19850 | When was the debt incurred? 8/2010 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? — | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card. | |
| 4.3 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number 7207 | \$918.08 |
| | PO Box 15284 Wilmington, DE 19850 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other Specify Overdrawn Account. | |

| Debto | Norma Patricio-Santos | Case number (if known) | |
|-------|---|--|------------|
| 4.4 | CitiBank, N.A. Nonpriority Creditor's Name 701 East 60th Street North Sioux Falls, SD 57117 | Last 4 digits of account number When was the debt incurred? 3/2009 | \$3,107.00 |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes | ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Charged-off Credit Card. | |
| 4.5 | CitiBank, N.A. | Last 4 digits of account number | \$6,963.00 |
| | Nonpriority Creditor's Name 701 East 60th Street North | When was the debt incurred? 7/2016 | Ψο,οσοίου |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card. | |
| 4.6 | City of Phoenix Emergency Transportation Nonpriority Creditor's Name | Last 4 digits of account number | \$1,071.55 |
| | P. O. Box 29102 Phoenix, AZ 85038 | When was the debt incurred? 5/7/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | | |
| | □ res | Other. Specify Collection for minor child: Isabelle Patricio | |

| Debte | Norma Patricio-Santos | Case number (if known) | |
|-------|---|--|-------------|
| 4.7 | Lending Club Corporation | Last 4 digits of account number 4535 | \$12,439.00 |
| | Nonpriority Creditor's Name 71 Stevenson Street, Ste. 300 San Francisco, CA 94105 | When was the debt incurred? 2/2018 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you d report as priority claims | id not |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Charged-off Unsecured Loan. | |
| 4.8 | Macy's/DSNB Nonpriority Creditor's Name | Last 4 digits of account number | \$2,321.00 |
| | PO Box 8218 Mason, OH 45040 | When was the debt incurred? 9/2013 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you d | id not |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Charged-off Credit Card. | |
| 4.9 | Phoenix Children's Hospital Nonpriority Creditor's Name | Last 4 digits of account number 7637 | \$300.00 |
| | 1919 E. Thomas Road Phoenix, AZ 85016 | When was the debt incurred? | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you d report as priority claims | id not |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical Services. | |

| Norma Patricio-Santos | Case number (if known) | |
|--|--|------------|
| Synchrony Bank | Last 4 digits of account number | \$6,981.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? 7/2016 | . , |
| Orlando, FL 32896-5060 | _ | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Charged-off Credit Card/JC Penney's D.C. | |
| Synchrony Bank | Last 4 digits of account number | \$7,807.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? 6/2014 | |
| Orlando, FL 32896-5060 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Charged-off Credit Card/TJX Cos D.C. | |
| Synchrony Bank | Last 4 digits of account number | \$3,399.0 |
| Nonpriority Creditor's Name | | |
| Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060 | When was the debt incurred? 7/2011 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other, Specify Charged-off Credit Card/Lowes. | |

| Norma Patricio-Santos | Case number (if known) | |
|--|--|-----------|
| Synchrony Bank | Last 4 digits of account number | \$7,823.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? 8/2016 | |
| Orlando, FL 32896-5060 | | |
| Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | $\hfill \square$ Obligations arising out of a separation agreement or divorce that you did report as priority claims | iot |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Charged-off Credit Card/Sam's Club D.C. | |
| Synchrony Bank | Last 4 digits of account number | \$2,810.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? 1/2014 | |
| Orlando, FL 32896-5060 Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? — | ☐ Obligations arising out of a separation agreement or divorce that you did r report as priority claims | iot |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Charged-off Credit Card/Ntwk. | |
| Synchrony Bank | Last 4 digits of account number | \$1,053.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 | When was the debt incurred? 5/2015 | |
| Orlando, FL 32896-5060 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did r | not |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other, Specify Charged-off Credit Card/Ntwk. | |

| Norma Patricio-Santos | Case number (if known) | |
|---|---|---------|
| Synchrony Bank | Last 4 digits of account number | \$509 |
| Nonpriority Creditor's Name Attn: Bankruptcy Department P.O. Box 965060 Orlando, FL 32896-5060 | When was the debt incurred? 6/2015 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify | |
| TD Bank USA/Target Credit | Last 4 digits of account number | \$2,569 |
| Nonpriority Creditor's Name P.O. 673 | When was the debt incurred? 5/2010 | |
| Minneapolis, MN 55440 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | Пол | |
| Debtor 2 only | ☐ Contingent | |
| | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Charged-off Credit Card. | |
| THD/CitiBank, N.A. | Last 4 digits of account number | \$279 |
| Nonpriority Creditor's Name P.O. Box 6497 | When was the debt incurred? 7/2010 | |
| Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card. | |

| Debtor | 1 Norma P | atricio-Santos | | Case n | umber (if known) | | |
|--------------------|--|---|--|--------------|---|-------------------|---------------------|
| 4.1 | | | | | | | |
| 9 | | rafino Geary Waddell | Last 4 digits of account number | 2246 |) | | \$7,923.00 |
| | Nonpriority Cre Jenevein , F | | When was the debt incurred? | 5/20 | 15 | | |
| | , | nd Street, Ste. A-150 | when was the dept incurred? | 3/20 | 10 | | |
| | Phoenix, A | | | | | | |
| | | City State Zip Code | As of the date you file, the claim | is: Checl | k all that apply | | |
| | | the debt? Check one. | | | | | |
| | Debtor 1 on | | ☐ Contingent | | | | |
| | Debtor 2 on | nly | ☐ Unliquidated | | | | |
| | Debtor 1 ar | nd Debtor 2 only | ☐ Disputed | | | | |
| | At least one | e of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| | ☐ Check if th | is claim is for a community | ☐ Student loans | | | | |
| | debt | - | ☐ Obligations arising out of a sep | paration ag | greement or divorce that y | you did not | |
| | _ | ubject to offset? | report as priority claims | | | | |
| | No | | Debts to pension or profit-shar | • • | | | |
| | Yes | | Other. Specify Collecting | for We | lls Fargo Bank. | | |
| Part 3: | List Other | s to Be Notified About a Debt | That You Already Listed | | | | |
| is tryin have n | ng to collect from | om you for a debt you owe to som | out your bankruptcy, for a debt that eone else, list the original creditor i rou listed in Parts 1 or 2, list the add submit this page. | in Parts 1 | or 2, then list the collect | ction agency here | . Similarly, if you |
| | nd Address | | n which entry in Part 1 or Part 2 did yo | | | | |
| | | ustice Court Lii en Ste. 102 | | | Creditors with Priority Un | | |
| | w. van Bur lale, AZ 853 | | | Part 2: | Creditors with Nonpriority | y Unsecured Claim | S |
| 7,70114 | iaio, 712 000 | | st 4 digits of account number | 2: | 246 | | |
| | nd Address Fargo Bank | | n which entry in Part 1 or Part 2 did yo | | original creditor? Creditors with Priority Un | and Claims | |
| | x 14517 | LII | | | Creditors with Nonpriority | | |
| Des M | oines, IA 50 | | | Pan 2: | Creditors with Nonphority | / Unsecured Claim | S |
| | | La | st 4 digits of account number | | | | |
| | nd Address | | n which entry in Part 1 or Part 2 did yo | u list the c | original creditor? | | |
| | Fargo Card | Services Lin | ne 4.19 of (<i>Check one</i>): | ☐ Part 1: | Creditors with Priority Un | secured Claims | |
| _ | ox 14517 oines, IA 50 | 1206 | ı | Part 2: | Creditors with Nonpriority | y Unsecured Claim | S |
| Des IVI | onies, ia su | | est 4 digits of account number | | | | |
| | | | | | | | |
| Part 4: | Add the A | mounts for Each Type of Uns | ecured Claim | | | | |
| | the amounts of f unsecured cl | | s. This information is for statistical | reporting | purposes only. 28 U.S. | .C. §159. Add the | amounts for each |
| | | | | | Total Clain | n | |
| | 6a. | Domestic support obligations | | 6a. | \$ | 0.00 | |
| Total | | | | | | | |
| claims from Par | rt 1 6b. | Taxes and certain other debts y | ou owe the government | 6b. | \$ | 4,548.11 | |
| | 6c. | Claims for death or personal in | - | 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority unsec | cured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. | \$ | 4,548.11 | |
| | | | | | | | |
| | 6f. | Student loans | | 6f. | Total Clair | | |
| Total claims | OI. | otauent Ivans | | oi. | \$ | 0.00 | |
| from Par | rt 2 6g. | | aration agreement or divorce that | 60 | \$ | 0.00 | |
| | 6h. | you did not report as priority cl Debts to pension or profit-shari | aims ing plans, and other similar debts | 6g. 6h. | \$ | 0.00 | |
| | 6i. | Other. Add all other nonpriority ur | nsecured claims. Write that amount | 6i. | т Ф | 73,108.63 | |
| | | here. | | | D | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

Debtor 1 Norma Patricio-Santos

Case number (if known)

Total Nonpriority. Add lines 6f through 6i.

73,108.63

Best Case Bankruptcy

| Fill in this inform | nation to identify your | case: | | | | |
|---------------------|-------------------------|---------------------|-----------|--|------------------------------------|--|
| Debtor 1 | Norma Patricio-S | antos | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | DISTRICT OF ARIZONA | A | | | |
| Case number | | | | | | |
| (if known) | | | | | Check if this is an amended filing | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|--|
| 2.1 | Cox Communications 1550 W. Deer Valley Road Phoenix, AZ 85027 | Internet contract, month-to-month, debtor to assume. |
| 2.2 | T-Mobile Customer Relations P.O. Box 37380 Albuquerque, NM 87176-7380 | Cellular phone contract, month-to-month, debtor to assume. |

| | | | | | | 12/31/19 10.43/ |
|--------------|---------------------------------------|--|---|---------------------------|---|---|
| Fill in th | nis information | n to identify your | case: | | | |
| Debtor 1 | | orma Patricio-S | antos | | | |
| Debtor 2 | | st Name | Middle Name | Last Name | | |
| (Spouse if, | | st Name | Middle Name | Last Name | | |
| United S | States Bankrup | tcy Court for the: | DISTRICT OF ARIZONA | | | |
| Case nu | ımber | | | | | |
| (if known) | | | | | | Check if this is an amended filing |
| Offici | al Form | 106H | | | | • |
| _ | | Your Cod | ahtors | | | 12/15 |
| JUITE | dule II. | Tour Cou | CDIOI 3 | | | 12/13 |
| people a | re filing toget , and number | her, both are equ the entries in the | ally responsible for supply | ing correct information | n. If more space is | rate as possible. If two married needed, copy the Additional Page, op of any Additional Pages, write |
| 1. D | o you have ar | ny codebtors? (If | you are filing a joint case, do | not list either spouse as | a codebtor. | |
| | lo | | | | | |
| ■ Y | 'es | | | | | |
| | | | ı lived in a community prop Nevada, New Mexico, Puer | | | ty states and territories include) |
| | lo. Go to line 3 | | | | | |
| ■ Y | es. Did your s | oouse, former spou | use, or legal equivalent live v | with you at the time? | | |
| | □ No | | | | | |
| | Yes. | | | | | |
| | In whi | ch community state | e or territory did you live? | -NONE- | $_{_}$. Fill in the name a | and current address of that person. |
| | | f your spouse, former spo , Street, City, State & Zip | ouse, or legal equivalent Code | | | |
| in li For | ne 2 again as | a codebtor only i | f that person is a guaranto | r or cosigner. Make su | re you have listed t | ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | | our codebtor Street, City, State and ZI | IP Code | | Column 2: The cr Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | Gerardo S 4427 W. Vi Phoenix, A | rginia Avenue | | | ☐ Schedule D, ■ Schedule E/F ☐ Schedule G _ Vincent Serafin | |

Schedule H: Your Codebtors

| Fill in this informa | ition to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Norma Patricio-Santos | |
| Debtor 2 (Spouse, if filing) | | |
| United States Bar | nkruptcy Court for the: DISTRICT OF ARIZONA | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Fo | orm 106l | 13 income as of the following date: |

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Fill in your employment Debtor 1 Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status*** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation Server Include part-time, seasonal, or **Employer's name Sunningdale Management Group** self-employed work. Scottsdale Hotel Group Occupation may include student **Employer's address** 4925 N. Scottsdale Road 8620 E. Thompson Peak Pkwy. or homemaker, if it applies. Scottsdale, AZ 85251 Scottsdale, AZ 85255 How long employed there? **Since 2004** *See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 3,601.91 3.232.20 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3 0.00 0.00 3. Calculate gross Income. Add line 2 + line 3. 3,601.91 3,232.20

For Debtor 2 or

For Debtor 1

| | | | | | Fo | r Debtor 1 | | | Debtor 2 -filing sp | | |
|-----|-----------------|---|---------|------------|---------|-------------------|----------|------------------|------------------------|--------|--|
| | Сору | line 4 here | 4. | - | \$_ | 3,601.9 | 91 | \$ | | 32.20 |) |
| 5. | l ict : | all payroll deductions: | | | | | | | | | |
| Э. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | 706 | 12 | Ф | • | 44.00 | |
| | 5a. 5b. | Mandatory contributions for retirement plans | 5b | | \$- | 786. ² | | \$_ \$ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$ | 304.7 | | \$ _ | | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ - | 50.7 | | ψ ₋ - | | 0.00 | |
| | 5e. | Insurance | 5e | | \$ | 763.9 | | \$ _ | | 0.00 | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.0 | | \$ | | 0.00 | |
| | 5g. | Union dues | 5g | | \$ | 0.0 | | \$- | | 0.00 | |
| | 5h. | Other deductions. Specify: | | | \$ | | 00 | + \$- | | 0.00 | _ |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ | 1,905.4 | | \$ | 3 | 44.06 | _ |
| 7. | Calc | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,696.4 | 43 | \$ | 2,8 | 88.14 | _ - |
| 8. | List a 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | a | \$ | 0.0 | 20 | \$ | | 0.00 | |
| | 8b. | Interest and dividends | 8b | | \$- | 0.0 | | \$_ | | 0.00 | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | O. | <i>,</i> . | Ψ_ | 0.0 | <u> </u> | Ψ_ | | 0.00 | <u></u> |
| | | settlement, and property settlement. | 80 |) . | \$ | 0.0 | 00 | \$ | | 0.00 |) |
| | 8d. | Unemployment compensation | 80 | d. | \$ | 0.0 | 00 | \$ | | 0.00 |) |
| | 8e. | Social Security | 8e | €. | \$ | 0.0 | 00 | \$ | | 0.00 |) |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | | \$_ | 0.0 | | \$_ | | 0.00 | <u>)</u> |
| | 8g. | Pension or retirement income | 89 | , | \$_ | 0.0 | | \$ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$_ | 0.0 | 00 | + \$_ | | 0.00 | <u>) </u> |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | § | 0.0 | 00 | \$_ | | 0.0 | 00 |
| 10. | | ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | | 1,696.43 + | \$_ | 2,8 | 888.14 | = \$ _ | 4,584.57 |
| 11. | Includ other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a lify: | depe | | | • | | | Schedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The resist that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | | 12. | \$ | 4,584.57 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi | ined ly income |
| | | Yes. Explain: | | | | | | | | | |

| _ | | | |
|------|--------|------------|--|
| Case | number | (if known) | |

Official Form B 6I Attachment for Additional Employment Information

| Debtor | | |
|---------------------|------------------------------|--|
| Occupation | | |
| Name of Employer | Sunningdale Management Group | |
| How long employed | Since 11/2019 | |
| Address of Employer | 8620 E. Thompson Peak Pkwy. | |
| | Scottsdale, AZ 85255 | |

| = | | | | | | | | | | | |
|------------|--|---|--|--|--------------------------------|------------------------------|------------------------|------------------------|--------------------------|---|--------------|
| FIII | in this informa | tion to identify yo | our case: | | | | | | | | |
| Deb | otor 1 | Norma Patrio | cio-Santo | s | | | Che | eck if this is | S: | | |
| D-1- | 40 | | | | | | | | nded filing | | |
| | otor 2 ouse, if filing) | | | | | | | | | wing postpetition cha the following date: | ıpter |
| `` | | | | | | | | · | | | |
| Unit | ed States Bankr | uptcy Court for the | : DISTRI | CT OF ARIZONA | | | | MM / DD | / YYYY | | |
| Cas | e number | | | | | | | | | | |
| (If kı | nown) | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | |
| So | chedule | J: Your | Exper | ses | | | | | | | 12/15 |
| Be info | as complete a ormation. If m mber (if know | and accurate as ore space is ne n). Answer ever | s possible. eded, atta ry question | If two married peop ch another sheet to | | | | | | | |
| Par 1. | t 1: Descr Is this a join | ibe Your House | hold | | | | | | | | |
| ١. | • | | | | | | | | | | |
| | ■ No. Go to | | in a canar | ate household? | | | | | | | |
| | | | iii a sepai | ate nousenoiu: | | | | | | | |
| | | - | et file Offici | al Form 106J-2, <i>Expe</i> | ansas for Sana | rata Hausa | hold of Do | htor 2 | | | |
| | | | st file Offici | ai F01111 1005-2, <i>Exp</i> e | erises ioi Sepai | ale House | illola oi De | Dioi Z. | | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | Yes. | Fill out this information each dependent | | lent's relati 1 or Debtoi | | Depe age | ndent's | Does dependent live with you? | |
| | Do not state | the | | | | | | | | □ No | |
| | dependents | names. | | | Daugl | hter | | 15 y | ears | Yes | |
| | | | | | | | | | | □ No | |
| | | | | | | | | | | ☐ Yes | |
| | | | | | | | | | | □ No | |
| | | | | | | | | | | ☐ Yes | |
| | | | | | | | | | | □ No | |
| 3. | Do vour exp | enses include | _ | | | | | | | ☐ Yes | |
| 0. | expenses of | f people other to d your depende | han $_{m \Box}$ | No Yes | | | | | | | |
| Par | | ate Your Ongoi | | | | | | | | | |
| exp | imate your ex enses as of a blicable date. | penses as of ye date after the l | our bankrı bankruptc | uptcy filing date unlo y is filed. If this is a | ess you are us supplemental | sing this fo Schedule | orm as a s J, check | upplemer the box at | nt in a Cha the top o | apter 13 case to rep of the form and fill in | ort n the |
| Incl | lude expense | s paid for with | non-cash | government assista | nce if you kno | w | | | | | |
| the | value of such | n assistance an | | luded it on Schedul | | | | | Valir ava | oncoc | |
| (Off | ficial Form 10 | 61.) | | | | | | _ | Your exp | enses | |
| 4. | | or home owners | | ses for your resider r lot. | nce. Include firs | t mortgage | e 4. | \$ | | 817.78 | |
| | If not includ | ed in line 4: | | | | | | | | | |
| | | | | | | | 4- | c | | 2.22 | |
| | | estate taxes rty, homeowner's | e or rentor | 'e ingurance | | | 4a. 4b. | \$ | | 0.00 0.00 | |
| | • | • | - | s insurance ipkeep expenses | | | 40. 4c. | : | | 100.00 | |
| | | owner's associat | • | | | | 4d. | : | | 0.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such a | as home equity | loans | 5. | \$ | | 0.00 | |

| btor 1 Norma Patricio-Santos | Case number (if known) | |
|---|--------------------------|-------------------------|
| Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 250.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 110.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 290.22 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| Food and housekeeping supplies | 7. \$ | 866.67 |
| Childcare and children's education costs | 8. \$ | 100.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 150.00 |
| Personal care products and services | 10. \$ | 200.00 |
| Medical and dental expenses | 11. \$ | 200.00 |
| Transportation. Include gas, maintenance, bus or train fare. | | |
| Do not include car payments. | 12. \$ | 450.00 |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 225.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 130.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20 | | |
| Specify: | 16. \$ | 0.00 |
| Installment or lease payments: | 47- 0 | 0.00 |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 723.00 |
| 17c. Other. Specify: | 17c. \$ | 0.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| Your payments of alimony, maintenance, and support that you did not rep | | 0.00 |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form of the payments you make to support others who do not live with you. | \$ | 160.00 |
| Specify: Children outside the US | 19. | 100.00 |
| · · · · · <u></u> | | |
| Other real property expenses not included in lines 4 or 5 of this form or or 20a. Mortgages on other property | 20a. \$ | 0.00 |
| | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 200. \$ 20c. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | · | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| Other: Specify: Emergency & Contingency Expenses. | 21+\$ | 170.00 |
| Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 4,942.67 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10 | 6J-2 \$ | <u> </u> |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,942.67 |
| , , , | | 1,072101 |
| Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,584.57 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,942.67 |
| One Outrost was weather an exercise | | |
| 23c. Subtract your monthly expenses from your monthly income. | 23c. \$ | -358.10 |
| The result is your monthly net income. | 200. | 333110 |
| Do you expect an increase or decrease in your expenses within the year a | fter you file this form? | |
| For example, do you expect to finish paying for your car loan within the year or do you expe | | e or decrease because c |
| modification to the terms of your mortgage? | | |
| ■ No. | | |
| ☐ Yes. Explain here: | | |

| obtor 1 | Narma Datrial - 0 | case: | | |
|--|--|----------------------------|---|--|
| ebtor 1 | Norma Patricio-S First Name | Middle Name | Last Name | |
| ebtor 2 | | | | |
| oouse if, filing) | First Name | Middle Name | Last Name | |
| nited States Ba | ankruptcy Court for the: | DISTRICT OF ARIZONA | | |
| ase number | | | | |
| known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| ficial For | m 106Dec | | | |
| eclarat | tion About a | n Individual | Debtor's Schedul | es 12/ |
| | | | | |
| vo married p | eople are filing togethe | r, both are equally respon | sible for supplying correct informa | ition. |
| | | | | |
| ı must file th | is form whenever you fi | ile bankruptcy schedules | or amended schedules. Making a fa | alse statement, concealing property, or |
| | l8 U.S.C. §§ 152, 1341, 1 | | ruptcy case can result in fines up to | o \$250,000, or imprisonment for up to 2 |
| , | , , , , , | , | | |
| | | | | |
| Sig | ın Below | | | |
| Did vou pa | av or agree to pay some | one who is NOT an attorn | nev to help you fill out bankruptcy f | orms? |
| Did you pa | ay or agree to pay some | eone who is NOT an attorn | ney to help you fill out bankruptcy f | orms? |
| ■ No | | eone who is NOT an attorn | | |
| ■ No | ay or agree to pay some | eone who is NOT an attorn | At | orms? tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| ■ No | | eone who is NOT an attorn | At | tach <i>Bankruptcy Petition Preparer's Notice</i> |
| ■ No □ Yes. | Name of person | | At De | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| No Yes. | Name of person | | At | tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| No Yes. Under penathat they ar | Name of person alty of perjury, I declare re true and correct. | | Att De nary and schedules filed with this c | tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| No Yes. Under penathat they ar | Name of person alty of perjury, I declare | | At De | tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| No Yes. Under penathat they ar X /s/ Norma | Name of person alty of perjury, I declare re true and correct. | | Ati De nary and schedules filed with this o | tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach Bankruptcy Petition Preparer's Notice eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos | | Ati De nary and schedules filed with this o | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notic</i> eclaration, and Signature (Official Form 1 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notic</i> c eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |
| ■ No Yes. Under penathat they ar X /s/ Normal Signature | Name of person alty of perjury, I declare re true and correct. rma Patricio-Santos a Patricio-Santos ure of Debtor 1 | | nary and schedules filed with this c X Signature of Debtor 2 | tach <i>Bankruptcy Petition Preparer's Notice</i> eclaration, and Signature (Official Form 11 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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| Filli | n this infor | nation to identify you | case: | | | |
|-----------------|-----------------------------|---|---|--|---|---|
| Debt | | Norma Patricio- | | | | |
| DCDI | 101 1 | First Name | Middle Name | Last Name | | |
| Debt (Spou | tor 2 se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ba | nkruptcy Court for the: | DISTRICT OF ARIZONA | | | |
| Case (if kno | e number _{_wn)} | | | | | heck if this is an mended filing |
| Sta Be as | tement complete a | and accurate as possi | ble. If two married people a attach a separate sheet to | | ankruptcy equally responsible for sup additional pages, write you | |
| Part | | , , , , | rital Status and Where You | Lived Before | | |
| 1. \ | What is you | r current marital statu | s? | | | |
| | ■ Married | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | st all of the places you li | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | □ No ■ Yes. Ma | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Expla | in the Sources of You | r Income | | | |
| | Fill in the tota | al amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once un | | ndar years? |
| | □ No ■ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | • | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$59,410.32 | ■ Wages, commissions, bonuses, tips | \$10,049.46 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| | | | Debtor 1 | | Debtor 2 | |
|---------|--------------------------------|---|---|--|---|---|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | ■ Wages, commissions, bonuses, tips | \$1,048.74 | ■ Wages, commissions, bonuses, tips | \$1,640.92 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | ndar year: December 31, 2018) | ■ Wages, commissions, bonuses, tips | \$39,869.13 | ■ Wages, commissions, bonuses, tips | \$103,252.87 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year before that: December 31, 2017) | ■ Wages, commissions, bonuses, tips | \$36,781.35 | ■ Wages, commissions, bonuses, tips | \$83,931.65 |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| \ L | ist each | source and the gross inc | come from each source separa | telv. Do not include income tl | hat you listed in line 4. | |
| | No | source and the gross inc | come from each source separa | tely. Do not include income tl | hat you listed in line 4. | |
| | No | • | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | ■ No □ Yes. | Fill in the details. | Debtor 1 Sources of income | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income | (before deductions |
| Part 6. | ■ No □ Yes. | t Certain Payments Yo T Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that o | Debtor 1 Sources of income Describe below. u Made Before You Filed for 12's debts primarily consumed Debtor 2 has primarily consumed a personal, family, or household fore you filed for bankruptcy, di | Gross income from each source (before deductions and exclusions) Bankruptcy r debts? Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$6,825* or more interest of the destal of the support obligation is bankruptcy case. | Debtor 2 Sources of income Describe below. s are defined in 11 U.S.C. § 10 of \$6,825* or more? n one or more payments and the patients, such as child support a | (before deductions and exclusions) 01(8) as "incurred by an the total amount you and alimony. Also, do |
| Part 6. | No Yes. 3: Lis | r Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that of not include * Subject to adjustme | Debtor 1 Sources of income Describe below. u Made Before You Filed for 2's debts primarily consumed Debtor 2 has primarily consumed a personal, family, or household fore you filed for bankruptcy, di 7. The each creditor to whom you paid creditor. Do not include payment to payments to an attorney for the | Gross income from each source (before deductions and exclusions) Bankruptcy r debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,825* or more into for domestic support obligations bankruptcy case. In a feet that for cases filed on timer debts. | Debtor 2 Sources of income Describe below. s are defined in 11 U.S.C. § 10 of \$6,825* or more? n one or more payments and the strength of the support and t | (before deductions and exclusions) 01(8) as "incurred by an the total amount you and alimony. Also, do |
| Part 6. | No Yes. 3: Lis Are eithe No. | r Debtor 1's or Debtor Neither Debtor 1 nor individual primarily for During the 90 days be No. Go to line Yes List below paid that of not include * Subject to adjustme | Debtor 1 Sources of income Describe below. u Made Before You Filed for 2's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or household fore you filed for bankruptcy, di 7. each creditor to whom you paid reditor. Do not include payment payments to an attorney for the ton 4/01/22 and every 3 years or both have primarily consumer you filed for bankruptcy, di | Gross income from each source (before deductions and exclusions) Bankruptcy r debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total d a total of \$6,825* or more into for domestic support obligations bankruptcy case. In a feet that for cases filed on timer debts. | Debtor 2 Sources of income Describe below. s are defined in 11 U.S.C. § 10 of \$6,825* or more? n one or more payments and the strength of the support and t | (before deductions and exclusions) 01(8) as "incurred by an the total amount you and alimony. Also, do |

Creditor's Name and Address

Dates of payment

attorney for this bankruptcy case.

Total amount paid

Amount you still owe

Was this payment for ...

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Desc

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case 2:19-bk-16216-EPB

Desc

| 22. | Have you stored property in a storage unit or p | place other than your home within 1 | vear before you filed for bankruptcy | 1? | |
|--------|---|--|---------------------------------------|-----------------------|--|
| | _ | , | , , , | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control for | · | | | |
| | | | rty you harrowed from are storing to | r or hold in truct | |
| 23. | Do you hold or control any property that some for someone. | one else owns? include any proper | rty you borrowed from, are storing to | r, or noid in trust | |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | |
| Par | 10: Give Details About Environmental Inform | nation | | | |
| For | ne purpose of Part 10, the following definitions | s apply: | | | |
| _ | Environmental law means any federal, state, or coxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | _ | law, whether you now own, operate, | or utilize it or used | |
| | <i>Hazardous material</i> means anything an enviror hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | |
| Rep | rt all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | |
| - | Has any governmental unit notified you that yo | | • | nental law? | |
| | _ | ,,, | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site | Governmental unit | Environmental law, if you | Date of notice | |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, Street, City, State an ZIP Code) | d know it | | |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | | |
| | No | | | | |
| | Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any envi | ironmental law? Include settlements | and orders. | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | |
| Par | 11: Give Details About Your Business or Co | nnections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have ar | ny of the following connections to an | y business? | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | |
| | ☐ A member of a limited liability company | y (LLC) or limited liability partnersh | ip (LLP) | | |
| Offici | | of Financial Affairs for Individuals Filing | | page | |

| Debtor 1 | | Norma Patricio-Santos | | Case number (if known) |
|------------|---------------|---|--|---|
| | | | | |
| | | ☐ A partner in a partnership | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | |
| | | No. None of the above applies. Go to F | Part 12. | |
| | | Yes. Check all that apply above and fill | in the details below for each business | |
| | Add | siness Name dress | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Nun | nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| | | in 2 years before you filed for bankrupt tutions, creditors, or other parties. | ccy, did you give a financial statement to | o anyone about your business? Include all financial |
| | | No Yes. Fill in the details below. | | |
| | | ne Iress _I ber, Street, City, State and ZIP Code) | Date Issued | |
| Part | 12: | Sign Below | | |
| are to | rue a a ba | | false statement, concealing property, of | d I declare under penalty of perjury that the answers or obtaining money or property by fraud in connection years, or both. |
| | _ | na Patricio-Santos | Ciamatura of Dahton 2 | |
| | | Patricio-Santos re of Debtor 1 | Signature of Debtor 2 | |
| Date | <u> </u> | December 31, 2019 | Date | |
| Did y ■ No | 0 | nttach additional pages to Your Stateme | ent of Financial Affairs for Individuals F | iling for Bankruptcy (Official Form 107)? |
| ■ N | 0 | pay or agree to pay someone who is not | | |
| ⊔ Ye | es. N | ame of Person Attach the Bankru | picy Petition Preparer's Notice, Declaration | ni, ariα Signature (Oπiciai Form 119). |

| Fill in this infor | mation to identify yo | our case: | | |
|---|--|---|--|---|
| Debtor 1 | Norma Patricio | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | |
| | | | | |
| United States Ba | ankruptcy Court for the | e: DISTRICT OF AF | RIZONA | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| | | | | |
| ■ creditors hav ■ you have leas You must file th which on the If two married p sign as Be as complete write y | ye claims secured by sed personal proper is form with the courever is earlier, unless form eople are filing toget and date the form. and accurate as posyour name and case | ty and the lease has not within 30 days after sthe court extends the ther in a joint case, bossible. If more space is | | the creditors and lessors you list information. Both debtors must |
| | | | D: Creditors Who Have Claims Secured by Prope | rty (Official Form 106D), fill in the |
| information b Identify the cr | elow. reditor and the proper | ty that is collateral | What do you intend to do with the property th secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's (| Quicken Loans, Inc | • | ☐ Surrender the property. | □ No |
| name: | gaiokon Louno, iik | . . | Retain the property and redeem it. | L No |
| Description of | f Single family re | sidence located | Retain the property and enter into a | ■ Yes |
| property | at 4427 W. Virgi | nia Avenue | Reaffirmation Agreement. Retain the property and [explain]: | |
| securing debt | : Phoenix, AZ 850 | 035. | Retain collateral and continue to pay. | |
| Creditor's \ | Vantage West Cred | dit Union | ■ Surrender the property. | ■ No |
| name: | | | Surrender the property.Retain the property and redeem it. | — 100 |
| | _ | | ☐ Retain the property and enter into a | ☐ Yes |
| Description of | f 2016 Nissan Mu | ırano Platinum | Reaffirmation Agreement. | |

Part 2: List Your Unexpired Personal Property Leases

Sport Utility 4D with 47,000

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

☐ Retain the property and [explain]:

Describe your unexpired personal property leases

securing debt: miles in good condition.

Will the lease be assumed?

Official Form 108

property

Statement of Intention for Individuals Filing Under Chapter 7

page 1

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| Deb | otor 1 | Norma Pa | tricio-Santos | Case number | (if known) |
|------|------------------|---------------------------|--|--|--------------------------------------|
| Les | sor's nar | me: | Cox Communications | | □ No |
| | | | | | ■ Yes |
| | cription operty: | of leased | Internet contract, month-to- | o-month, debtor to assume. | |
| Les | sor's nar | me: | T-Mobile Customer Relation | ons | □ No |
| | | | | | ■ Yes |
| | cription operty: | of leased | Cellular phone contract, n | nonth-to-month, debtor to assume. | |
| Part | i 3: Si | ign Below | | | |
| | | | ry, I declare that I have indicat at to an unexpired lease. | ted my intention about any property of my estate | that secures a debt and any personal |
| X | | | cio-Santos | x | |
| | | a Patricio ure of Debt | | Signature of Debtor 2 | |
| | Date | Decem | nber 31, 2019 | Date | |

Statement of Intention for Individuals Filing Under Chapter 7

page 2

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| Fill in this information to identify your case: | | Check one box only as d | lirected in this form and | in Form |
|---|--|---|---|-----------------------------------|
| Debtor 1 Norma Patricio-Santos | | 122A-1Supp: | | |
| Debtor 2 | | ■ 4 Thomaione none | | |
| (Spouse, if filing) | | ■ 1. There is no pres | | |
| United States Bankruptcy Court for the: District of Arizona | | applies will be r | to determine if a presur made under <i>Chapter 7</i> | |
| Case number | | | ficial Form 122A-2). | |
| (ii Kilowii) | | | t does not apply now be y service but it could ap | |
| | | ☐ Check if this is a | n amended filing | |
| Official Form 122A - 1 | | | | |
| Chapter 7 Statement of Your Cur | rent Monthly Ir | ncome | | 12/19 |
| Be as complete and accurate as possible. If two married people a attach a separate sheet to this form. Include the line number to we case number (if known). If you believe that you are exempted fror qualifying military service, complete and file Statement of Exemp Part 1: Calculate Your Current Monthly Income | hich the additional information a presumption of abuse be | on applies. On the top of a cause you do not have pri | ny additional pages, writ marily consumer debts o | te your name and or because of |
| 1. What is your marital and filing status? Check one on | ily. | | | |
| ☐ Not married. Fill out Column A, lines 2-11. | | | | |
| ☐ Married and your spouse is filing with you. Fill ou | it both Columns A and B, lin | nes 2-11. | | |
| Married and your spouse is NOT filing with you. | You and your spouse are: | | | |
| Living in the same household and are not lega | Ily separated. Fill out both | Columns A and B, lines | 2-11. | |
| ☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are left living apart for reasons that do not include evading | egally separated under nonb | pankruptcy law that appli | es or that you and your | |
| Fill in the average monthly income that you received from all standard 101(10A). For example, if you are filing on September 15, the 6-methe 6 months, add the income for all 6 months and divide the total spouses own the same rental property, put the income from that p | onth period would be March 1 tl by 6. Fill in the result. Do not in | hrough August 31. If the amo clude any income amount m | ount of your monthly incom nore than once. For examp | ne varied during ble, if both |
| | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| Your gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commissions (before | \$ 4,127.53 | \$ 818.48 | |
| 3. Alimony and maintenance payments. Do not include Column B is filled in. | payments from a spouse if | \$ | \$0.00 | |
| 4. All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household and roommates. Include regular contributions from a sp filled in. Do not include payments you listed on line 3. | Include regular contribution I, your dependents, parents, | ns, | \$ | |
| 5. Net income from operating a business, profession, | or farm Debtor 1 | | | |
| Grass receipts (hefere all deductions) | \$ 0.00 | | | |
| Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ 0.00 | | | |
| Net monthly income from a business, profession, or farr | m \$ 0.00 Copy here | ->\$ 0.00 | \$ 0.00 | |
| 6. Net income from rental and other real property | | | | |
| | Debtor 1 | | | |
| Gross receipts (before all deductions) | \$ 0.00 | | | |
| Ordinary and necessary operating expenses | -\$ 0.00 Conv boro | | ¢ 0.00 | |
| Net monthly income from rental or other real property | \$O.00 Copy here | | \$ 0.00 \$ 0.00 | |
| 7 Interest dividends and revaltics | | \$ 0.00 | ÷ 0.00 | |

Case number (if known)

| | | | | Column A Debtor 1 | | Column B Debtor 2 o | | |
|---------|---|---|--------------------|-------------------|-------------|---------------------|----------------|--------------|
| 8. | Unemployment compensation | | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here: | nt received was a benefit | under | | | · | | |
| | For you § | 0.0 | 0 | | | | | |
| | For your spouse | | 0 | | | | | |
| 9. | Pension or retirement income. Do not include any an benefit under the Social Security Act. Also, except as a not include any compensation, pension, pay, annuity, united States Government in connection with a disabilidisability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter 61. | mount received that was stated in the next sentendor allowance paid by the ity, combat-related injury ces. If you received any pay only to the extent the would otherwise be en | ce, do | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism; or compensation, pension, pay, an United States Government in connection with a disabil disability, or death of a member of the uniformed service | ecify the source and amo Security Act; payments imanity, or international of inuity, or allowance paid ity, combat-related injury | or by the or | | | | | |
| | sources on a separate page and put the total below. | | | • | | • | | |
| | • | | _ | \$ | 0.00 | \$ | 0.00 | |
| | | | _ | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to | | \$ | 4,127.53 | + \$ | 818.48 | Total cu | 4,946.01 |
| Part | 2: Determine Whether the Means Test Applies | to You | | | | | income | |
| 12. | Calculate your current monthly income for the year | r. Follow these steps: | | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | Сор | y line 11 l | nere=> | \$ | 4,946.01 |
| | Multiply by 12 (the number of months in a year) | | | | | | x 1 | 2 |
| | 12b. The result is your annual income for this part of the | ne form | | | | 121 | b. \$ 5 | 9,352.12 |
| 13. | Calculate the median family income that applies to | you. Follow these steps | 3: | | | | | |
| | Fill in the state in which you live. | AZ | | | | | | |
| | Fill in the number of people in your household. | 3 | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the banl | online using the link spe | ecified | in the separ | ate instruc | 13. tions | \$ 7 | 0,428.00 |
| 14. | How do the lines compare? | | | | | | | |
| | Line 12b is less than or equal to line 13. Ogo to Part 3. Do NOT fill out or file Officia Line 12b is more than line 13. On the top | l Form 122A-2. | | | | | | 2A-2. |
| | Go to Part 3 and fill out Form 122A–2. | F 290 -, 5/100K 20X 2, | 5 pr | - 50 | | | ., 12 | · - - |
| Part | 3: Sign Below | | | | | | | |
| | By signing here, I declare under penalty of perjury | y that the information on | this st | atement and | in any atta | achments is t | true and co | rrect. |
| | X /s/ Norma Patricio-Santos | | | | | | | |
| | Norma Patricio-Santos Signature of Debtor 1 | | | | | | | |
| | Date December 31, 2019 | | | | | | | |
| ~ · · · | | | | | | | | _ |

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

Debtor 1 Norma Patricio-Santos Case number (if known)

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Scottsdale Hotel Group.

Income by Month:

| 6 Months Ago: | 06/2019 | \$3,378.37 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2019 | \$1,257.03 |
| 4 Months Ago: | 08/2019 | \$3,956.69 |
| 3 Months Ago: | 09/2019 | \$3,118.80 |
| 2 Months Ago: | 10/2019 | \$8,058.32 |
| Last Month: | 11/2019 | \$4,251.22 |
| | Average per month: | \$4,003.41 |

Remarks:

No expected changes.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Sunningdale Management Group.

Income by Month:

| 6 Months Ago: | 06/2019 | \$0.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 07/2019 | \$0.00 |
| 4 Months Ago: | 08/2019 | \$0.00 |
| 3 Months Ago: | 09/2019 | \$0.00 |
| 2 Months Ago: | 10/2019 | \$0.00 |
| Last Month: | 11/2019 | \$744.74 |
| | Average per month: | \$124.12 |

Remarks:

No expected changes.

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 06/01/2019 to 11/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Sizzle.

Income by Month:

| 6 Months Ago: | 06/2019 | \$0.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 07/2019 | \$0.00 |
| 4 Months Ago: | 08/2019 | \$0.00 |
| 3 Months Ago: | 09/2019 | \$657.69 |
| 2 Months Ago: | 10/2019 | \$0.00 |
| Last Month: | 11/2019 | \$0.00 |
| | Average per month: | \$109.62 |

Remarks:

No longer employed with company.

No expected changes.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Sunningdale Management Group.

Income by Month:

| 6 Months Ago: | 06/2019 | \$1,132.25 |
|---------------|--------------------|------------|
| 5 Months Ago: | 07/2019 | \$0.00 |
| 4 Months Ago: | 08/2019 | \$0.00 |
| 3 Months Ago: | 09/2019 | \$0.00 |
| 2 Months Ago: | 10/2019 | \$0.00 |
| Last Month: | 11/2019 | \$2,137.67 |
| | Average per month: | \$544.99 |

Remarks:

No income 7/2019 - 10/2019.

No expected changes.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Tutti Santi II, LLC.

Income by Month:

| 6 Months Ago: | 06/2019 | \$0.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 07/2019 | \$0.00 |
| 4 Months Ago: | 08/2019 | \$0.00 |
| 3 Months Ago: | 09/2019 | \$0.00 |
| 2 Months Ago: | 10/2019 | \$0.00 |
| Last Month: | 11/2019 | \$983.23 |
| | Average per month: | \$163.87 |

Remarks:

No longer employed with company.

No expected changes.

Filed 12/31/19 Entered 12/31/19 10:46:20

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation | |
|------------|--------------------|--|
| \$245 | filing fee | |
| \$75 | administrative fee | |
| + \$15 | trustee surcharge | |
| \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Resources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court District of Arizona

| In re | Norma Patricio-Santos | 2 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10 | Case No. | | |
|---------------------|---|---|--|--|-------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPI | ENSATION OF ATTOR | NEY FOR D | EBTOR(S) | |
| C | rursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the file e rendered on behalf of the debtor(s) in contemplation | ling of the petition in bankruptcy, or | r agreed to be paid | d to me, for services rendered or | r to |
| | For legal services, I have agreed to accept | | . \$ | 1,895.00 | |
| | Prior to the filing of this statement I have received | d | \$ | 1,895.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. \$ | 335.00 of the filing fee has been paid. | | | | |
| 3. T | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. T | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. I | I have not agreed to share the above-disclosed com | npensation with any other person un | aless they are men | nbers and associates of my law | firm. |
| 6. I a b c | I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the non return for the above-disclosed fee, I have agreed to a Analysis of the debtor's financial situation, and renormal Preparation and filing of any petition, schedules, storage Representation of the debtor at the meeting of creduction. [Other provisions as needed] | render legal service for all aspects of dering advice to the debtor in deternatement of affairs and plan which m | ompensation is att of the bankruptcy mining whether to may be required; | ached. case, including: file a petition in bankruptcy; | A |
| 7. B | by agreement with the debtor(s), the above-disclosed of Representation of the debtors in any demotion for relief from stay actions, mo motion to reopen case, motions to dis and adversary complaints. | lischargeability claims, judicia tions to reinstate case, object | I lien avoidance ion to claims, c | bjections to exemptions, | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of ankruptcy proceeding. | any agreement or arrangement for pa | ayment to me for | representation of the debtor(s) i | n |
| De | ecember 31, 2019 | /s/ Sandra C. Oswa | It/Eric R. Thiere | off | |
| Da | | Sandra C. Oswalt/E | ric R. Thieroff | 027283/022061 | |
| | | Signature of Attorney Oswalt Law Group, | PC | | |
| | | 300 W. Clarendon A | | | |
| | | Suite 290 | | | |
| | | Phoenix, AZ 85013 602-225-2222 Fax: | 602-773-5739 | | |
| | | sandra@oswaltlaw | | | |
| | | Name of law firm | | | |
| | | | | | - |

United States Bankruptcy Court District of Arizona

| Norma Patricio-Santos | | Case No | • |
|-------------------------------------|---|---|--------------------------|
| | Debtor(s) | Chapter | 7 |
| | | ☐ Check if | this is on |
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| _ page(s), is complete, correct and | /s/ Norma Patricio-S Norma Patricio-Santa Signature of Debtor /s/ Sandra C. Oswalta Signature of Attorney Sandra C. Oswalt/Ei | dules. antos tos t/Eric R. Thieroff cic R. Thieroff 027283/02 | |
| _ page(s), is complete, correct and | /s/ Norma Patricio-S Norma Patricio-Santa Signature of Debtor /s/ Sandra C. Oswalt Signature of Attorney Sandra C. Oswalt/Et Oswalt Law Group, | dules. antos tos t/Eric R. Thieroff ric R. Thieroff 027283/02 PC | |
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CITIBANK, N.A.
701 EAST 60TH STREET NORTH
SIOUX FALLS SD 57117

CITY OF PHOENIX EMERGENCY TRANSPORTATION P. O. BOX 29102 PHOENIX AZ 85038

CLERK, MARYVALE JUSTICE COURT 10420 W. VAN BUREN STE. 102 AVONDALE AZ 85323

INTERNAL REVENUE SERVICE CENTRAL INSOLVENCY OPERATIONS P.O. BOX 7346 PHILADELPHIA PA 19101

LENDING CLUB CORPORATION 71 STEVENSON STREET, STE. 300 SAN FRANCISCO CA 94105

MACY'S/DSNB PO BOX 8218 MASON OH 45040

PHOENIX CHILDREN'S HOSPITAL 1919 E. THOMAS ROAD PHOENIX AZ 85016

QUICKEN LOANS, INC. 1050 WOODWARD AVENUE DETROIT MI 48226 SYNCHRONY BANK
ATTN: BANKRUPTCY DEPARTMENT
P.O. BOX 965060
ORLANDO FL 32896-5060

TD BANK USA/TARGET CREDIT P.O. 673
MINNEAPOLIS MN 55440

THD/CITIBANK, N.A. P.O. BOX 6497 SIOUX FALLS SD 57117

VANTAGE WEST CREDIT UNION CORPORATE OFFICE 2480 N. ARCADIA AVENUE TUCSON AZ 85712

VINCENT SERAFINO GEARY WADDELL JENEVEIN, P.C. 4645 N. 32ND STREET, STE. A-150 PHOENIX AZ 85018

WELLS FARGO BANK PO BOX 14517 DES MOINES IA 50306

WELLS FARGO CARD SERVICES P.O. BOX 14517 DES MOINES IA 50306